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Reg. 107,531
FILED MAR 20 1953

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12859

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 685

1. PLACE OF DEATH
a. COUNTY: ST.LOUIS COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF. BRKS. MO.
c. LENGTH OF STAY (In this place): 56 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: ST.LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES 4577
d. STREET ADDRESS (If rural, give location): 818 E. BIG BEND

3. NAME OF DECEASED (Type or Print)
a. (First): CARLTON
b. (Middle): R.
c. (Last): PETERSON

4. DATE OF DEATH (Month) (Day) (Year): 2/27/53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/25/08
9. AGE (In years last birthday): 44 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DISTRICT SALES MGR.
10b. KIND OF BUSINESS OR INDUSTRY: BUSINESS FORMS
11. BIRTHPLACE (City and State or Foreign Country): OSHKOSH, WISCONSIN
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: PETER CARLTON
13b. MOTHER'S MAIDEN NAME: MINNIE ROLOFF
14. NAME OF HUSBAND OR WIFE: COLLEEN PETERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD II
16. SOCIAL SECURITY NO.: 390-10-1743
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: V. A. HOSPITAL RECORDS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): MULTIPLE CEREBRAL EMBOLI

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): HYPERTENSIVE CARDIOVASCULAR DISEASE
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: MYOCARDIAL INFARCTION 4201

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): V.A. m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/2, 1953, *to* 2/27, 1953, ~~that I last saw the deceased alive on XXXXXXXXXXXXXXXX~~, *and that death occurred at* 3:55 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Levitt M.D.
23b. ADDRESS: V.A.HOSPITAL JEFF. BRKS. MO.
23c. DATE SIGNED: 2/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL (RAIL)
24b. DATE: MAR.1,1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): OSHKOSH, WISCONSIN

DATE REC'D BY LOCAL REG.: 2-29-53
REGISTRAR'S SIGNATURE: Herbert R. Dank-M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: KRIEGSHAUSER 4228 S.KINGSHIGHWAY BL

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.